



▲ THIS AREA FOR OFFICE USE ONLY ▲

NEW REGISTRATION <input type="checkbox"/> \$30	TRANSFER RENEWAL <input type="checkbox"/> \$30	RENEWAL <input type="checkbox"/> \$30	DUPLICATE REGISTRATION CARD <input type="checkbox"/> \$1	CORRECTED REGISTRATION CARD <input type="checkbox"/> \$1	DUPLICATE DECALS (2) <input type="checkbox"/> \$1
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ILLINOIS REGISTRATION NUMBER (enter NONE if none)	<b>I L</b>	OTHER STATE REGISTRATION NUMBER		CURRENT REGISTRATION EXPIRES <b>9-30-</b>
A MANUFACTURER NAME		MODEL NAME		
BODY SERIAL NUMBER		MOTOR SERIAL NUMBER		
MODEL YEAR	MO.	DAY	YEAR	HORSEPOWER OR C.C.
PURCHASE DATE				
		SNOWMOBILE COLOR(S) *SEE OTHER SIDE FOR COLOR CODES		
		(1) (2)		
CIRCLE APPROPRIATE USE → 1 Pleasure 2 Dealer 3 Manufacturer 4 Other				

B	OWNER SOCIAL SECURITY NUMBER	DISCLOSURE OF APPLICANT'S SOCIAL SECURITY NUMBER IS MANDATORY PURSUANT TO 42 U.S.C. 666(a)(13) AND 5 ILCS 100/10-65(c) FOR USE UNDER THE STATE'S CHILD SUPPORT ENFORCEMENT PROGRAM.	
(1)			
	OWNER SOCIAL SECURITY NUMBER		
(2)			
	OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL	SEX M F	DATE OF BIRTH MO DAY YEAR
(1)			
	OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL	SEX M F	DATE OF BIRTH MO DAY YEAR
(2)			
	ADDRESS	COUNTY OF RESIDENCE	
	CITY	STATE	ZIP CODE

C	PURCHASED FROM	ADDRESS		
	CITY	COUNTY	STATE	ZIP CODE
SIGNATURE(S) _____ DATE SIGNED _____				
THE SELLER HEREBY TRANSFERS INTEREST IN THE ABOVE DESCRIBED SNOWMOBILE TO THE NEW OWNER(S). SIGNATURE OF PREVIOUS OWNER NOT REQUIRED WHEN REGISTRATION CARD IS PROPERLY ENDORSED AND SURRENDERED WITH THIS APPLICATION.				

D	SIGNATURE(S) (1) _____ (2) _____	DATE SIGNED _____
BY SIGNATURE ABOVE, I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I AM NOT MORE THAN 30 DAYS DELINQUENT IN COMPLYING WITH A CHILD SUPPORT ORDER. MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT. YOUR SIGNATURE AUTHORIZES THE DEPT. OF NATURAL RESOURCES TO LOWER THE AMOUNT OF YOUR CHECK IF FEE SUBMITTED IS GREATER THAN THE REQUIRED FEE.		DAYTIME TELEPHONE NUMBER _____-_____-_____

**FOR SNOWMOBILE CLASS INFORMATION  
CALL 1-800-832-2599**

[www.dnr.illinois.gov/lands/education/SAFETY/snmob.htm](http://www.dnr.illinois.gov/lands/education/SAFETY/snmob.htm)

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SEND THIS COPY ONLY TO DEPARTMENT OF NATURAL RESOURCES





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ILLINOIS REGISTRATION NUMBER (enter NONE if none)	IL	OTHER STATE REGISTRATION NUMBER		CURRENT REGISTRATION EXPIRES 9-30-
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A MANUFACTURER NAME				MODEL NAME			
BODY SERIAL NUMBER				MOTOR SERIAL NUMBER			
MODEL YEAR	MO.	DAY	YEAR	HORSEPOWER OR C.C.	SNOWMOBILE COLOR(S) *SEE OTHER SIDE FOR COLOR CODES		
	PURCHASE DATE				(1)		(2)
CIRCLE APPROPRIATE USE → 1 Pleasure 2 Dealer 3 Manufacturer 4 Other							

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(1)				
OWNER SOCIAL SECURITY NUMBER				
(2)				
OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL		SEX M F	DATE OF BIRTH MO DAY YEAR	
(1)				
OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL		SEX M F	DATE OF BIRTH MO DAY YEAR	
(2)				
ADDRESS		COUNTY OF RESIDENCE		
CITY	STATE	ZIP CODE		
C PURCHASED FROM		ADDRESS		
CITY		COUNTY	STATE	ZIP CODE

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APPLICANT RETAINS THIS COPY AS A 120 DAY TEMPORARY PERMIT





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A MANUFACTURER NAME		MODEL NAME	
BODY SERIAL NUMBER		MOTOR SERIAL NUMBER	
MODEL YEAR	MO.	DAY	YEAR
PURCHASE DATE	HORSEPOWER OR C.C.		SNOWMOBILE COLOR(S) *SEE OTHER SIDE FOR COLOR CODES
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	OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL	SEX DATE OF BIRTH
(1)		
	OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL	SEX DATE OF BIRTH
(2)		
	ADDRESS	COUNTY OF RESIDENCE
	CITY	STATE ZIP CODE

C	PURCHASED FROM	ADDRESS		
	CITY	COUNTY	STATE	ZIP CODE

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